

**STATE OF ALABAMA  
DEPARTMENT OF INSURANCE  
Surplus Lines Brokers**

## Worksheet

Name of Insured	Unauthorized Insurer	Policy No.	Inception Date	Type of Coverage	Amount of Coverage	GROSS		RETURN		NET	
						Premium	Tax	Premium	Tax	Premium	Tax
TOTAL						\$	\$	\$	\$	\$	\$

The above information should be provide for each insured. Use additional pages if necessary

page no. \_\_\_\_\_